

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Chiropractic Association Political Action Committee

ADDRESS (number and street)

1701 Clarendon Blvd

☐ Check if different than previously reported. (ACC)

Arlington

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00102764

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Simone

Signature of Treasurer

Michael Simone

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">13019.54</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">22930.54</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">3333.00</span>	<span style="border: 1px solid black; padding: 2px;">110744.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">26263.54</span>	<span style="border: 1px solid black; padding: 2px;">123763.54</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">9000.00</span>	<span style="border: 1px solid black; padding: 2px;">106500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">17263.54</span>	<span style="border: 1px solid black; padding: 2px;">17263.54</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 01 2013

To:

 M M / D D / Y Y Y Y Y  
 09 30 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1917.17

30895.51

(ii) Unitemized .....

1415.83

71848.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3333.00

102744.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

3333.00

102744.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

8000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3333.00

110744.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3333.00

110744.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	106500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9000.00	106500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	106500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3333.00	102744.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3333.00	102744.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James H Adams Dc Adams**

Mailing Address 101 Andrieux St

City

Sonoma

State

CA

Zip Code

95476-6906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450473

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Robert E Bachelder Dc Bachelder**

Mailing Address 1182 Township Rd 1175

City

Ashland

State

OH

Zip Code

44805-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

637.50

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450535

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**c. John S Caraway Dc Caraway**

Mailing Address 1200 Enterprise Blvd

City

Lake Charles

State

LA

Zip Code

70601-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

437.50

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450549

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Ciatto**

Mailing Address 1620 Towne Center Route 22

City State Zip Code  
 Brewster NY 10509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450541**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**B. Joseph Conklin DC**

Mailing Address 15104 S James St

City State Zip Code  
 Plainfield IL 60544-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450511**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Brett Counselman DC**

Mailing Address 1408 SW Topeka Blvd

City State Zip Code  
 Topeka KS 66612-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450463**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

132.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Victor DeMaio DC**

Mailing Address 2654 Brandermill Blvd

City State Zip Code  
 Gambrills MD 21054-1651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450526

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Michael S DeRose DC**

Mailing Address 1360 Beverly Rd Ste 102

City State Zip Code  
 Mc Lean VA 22101-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450480

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Tina Driscoll DC**

Mailing Address 1171 N Bragg Blvd

City State Zip Code  
 Spring Lake NC 28390-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.50

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450544

Amount of Each Receipt this Period

30.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erin E Ducat Dc Ducat**

Mailing Address 125 S Bloomingdale Rd Ste 11

City State Zip Code  
 Bloomingdale IL 60108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450522

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kent C Fox DC**

Mailing Address 950 W Main St

City State Zip Code  
 Lebanon OH 45036-9173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450484

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Wendy Gallego DC**

Mailing Address 4500 Biscayne Blvd Ste 202

City State Zip Code  
 Miami FL 33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450472

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Gansen Dc Gansen**

Mailing Address 210 N Meridian St Ste 1

City

Belle Plaine

State

MN

Zip Code

56011-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450507

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lissa A Grannis DC**

Mailing Address 6210 75th St W Ste A100

City

Lakewood

State

WA

Zip Code

98499-8108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450501

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Gary M Guest Dc Guest**

Mailing Address 2304 North 7th Avenue, Suite E

City

Bozeman

State

MT

Zip Code

59715-2571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450474

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 11 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Laron L Hardy DC**

Mailing Address 2699 Sandlin Rd Sw Ste A-3

City State Zip Code  
 Decatur AL 35601-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450518

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Dennis A Harris DC**

Mailing Address Po Box 8038

City State Zip Code  
 Fort Worth TX 76124-0038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450532

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. Eric W Heien DC**

Mailing Address 607 Pinnacle Dr Ste A

City State Zip Code  
 Papillion NE 68046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450441

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Randy R Hinze DC**

Mailing Address 2421 23rd St

City State Zip Code  
 Columbus NE 68601-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450537**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

## **B. Casey J Iverson DC**

Mailing Address PO Box 2371

City State Zip Code  
 Grand Island NE 68802-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450543**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Tobi Jeurink Dc Jeurink**

Mailing Address 325 East Main Street, Suite C

City State Zip Code  
 Gardner KS 66030-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 13 / 2013

**Transaction ID : C2450556**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

197.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald C Kaufmann DC**

Mailing Address 333 Route 25A, Ste 40

City

Rocky Point

State

NY

Zip Code

11778-8569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450523

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Audie George Klingler DC**

Mailing Address 203 Greene St

City

Cumberland

State

MD

Zip Code

21502-2877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450553

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Karen A Mahlmeister DC**

Mailing Address 134 East 15th Street

City

Edmond

State

OK

Zip Code

73013-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450508

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Frank Maiorano Maiorano**

Mailing Address 30 Allens Creek Road

City

Rochester

State

NY

Zip Code

14618-3228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450445

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Kirk E Manson DC**

Mailing Address 1804 Carlisle Blvd NE

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450462

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lawrence Marrich DC**

Mailing Address 3401 Carlisle Blvd NE

City

Albuquerque

State

NM

Zip Code

87110-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450557

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brent R McNabb DC**

Mailing Address 2205 N Sherman Ave

City

Madison

State

WI

Zip Code

53704-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450524

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Charles A Munday DC**

Mailing Address 6645 N Socrum Loop Rd

City

Lakeland

State

FL

Zip Code

33809-4182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450558

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. James C Neumayer DC**

Mailing Address 184 Main St

City

Presque Isle

State

ME

Zip Code

04769-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450512

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig A Newman Dc Newman**

Mailing Address 3305 W Kennedy Blvd

City

Tampa

State

FL

Zip Code

33609-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450539

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Frank J Nicchi DC**

Mailing Address 2333 State Route 89

City

Seneca Falls

State

NY

Zip Code

13148-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450499

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Michael F Nielsen DC**

Mailing Address 2500 Dell Range Blvd.

City

Cheyenne

State

WY

Zip Code

82009-5273

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450521

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Irene L Parent DC**

Mailing Address 1117 Arthur Ave

City  
Racine

State  
WI

Zip Code  
53405-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450552

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Kelli K Pearson Dc Pearson**

Mailing Address 1410 N Mullan Rd Ste 200

City

Spokane Valley

State

WA

Zip Code

99206-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450550

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Thomas S Perrault Sr DC**

Mailing Address 76 Woodland Street

City

Methuen

State

MA

Zip Code

01844-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450498

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

161.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce Thompson DC**

Mailing Address PO Box 2864

City

Muscle Shoals

State

AL

Zip Code

35662-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450460

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Thomas P Toullos DC**

Mailing Address 11001 S Kedzie Ave

City

Chicago

State

IL

Zip Code

60655-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450486

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**c. Joseph D Wahl DC**

Mailing Address 361 North Bennett Street

City

Southern Pines

State

NC

Zip Code

28387-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

Transaction ID : C2450510

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dianna S. Welty DC**

Mailing Address PO Box 43

City

Clay City

State

IL

Zip Code

62824-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : C2450506**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Troy Wilson DC**

Mailing Address 321 N Burlington Ave

City

Hastings

State

NE

Zip Code

68901-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : C2450551**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Steven G Yeomans Dc Da Yeomans**

Mailing Address 404 Eureka Street

City

Ripon

State

WI

Zip Code

54971-1192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 13 / 2013

**Transaction ID : C2450504**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

1917.17

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Mailing Address 425 Second Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
2013

Candidate Name

Category/  
Type**Transaction ID : D148368**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. BRALEY FOR IOWA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

Mailing Address PO BOX 390

City	State	Zip Code
WATERLOO	IA	50704

Purpose of Disbursement  
2014 General

Candidate Name

**Rep. Bruce Braley**Category/  
Type**Transaction ID : D148367**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: IA District: 01

Full Name (Last, First, Middle Initial)

**C. GARDNER FOR CONGRESS 2012**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2013

Mailing Address 9227 E. LINCOLN AVE., #200-235

City	State	Zip Code
LONE TREE	CO	80124

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Cory Gardner**Category/  
Type**Transaction ID : D148372**

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 04

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WHITFIELD FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

**Transaction ID : D148369**Purpose of Disbursement  
2014 Primary

Amount of Each Disbursement this Period

Candidate Name

**Rep. Edward Whitfield**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Full Name (Last, First, Middle Initial)

**B. GENE GREEN CONGRESSIONAL CAMPAIGN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

**Transaction ID : D148644**Purpose of Disbursement  
2014 Primary

Amount of Each Disbursement this Period

Candidate Name

**Rep. Gene Green**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 29

Full Name (Last, First, Middle Initial)

**C. JIM JORDAN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2013

Mailing Address 1709 STATE ROUTE 560 SOUTH

City	State	Zip Code
URBANA	OH	43078

**Transaction ID : D148373**Purpose of Disbursement  
2014 Primary

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jim Jordan**Category/  
Type

1000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 04

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LANGEVIN FOR CONGRESS**Mailing Address 181 Knight St  
Ste A

City Warwick State RI Zip Code 02886-1296

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Jim Langevin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

**Transaction ID : D148370**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE ROGERS FOR CONGRESS**

Mailing Address 123 EAST 13TH STREET

City ANNISTON State AL Zip Code 36201

Purpose of Disbursement  
2014 Primary

Candidate Name

**Rep. Mike D. Rogers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

**Transaction ID : D148371**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. MIKULSKI FOR SENATE COMMITTEE**

Mailing Address PO BOX 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement  
2016 Primary

Candidate Name

**Sen. Barbara A. Mikulski**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2013

**Transaction ID : D148645**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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9000.00
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